

Candidate Intention Statement

Type or Print in Ink.

Check One: ☒ Initial ☐ Amendment (Explain) _____

Date Stamp	CALIFORNIA FORM 501
RECEIVED	For Official Use Only
2014 MAY 27 AM 9:48	

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) Muldoon, Kevin M.	DAYTIME TELEPHONE NUMBER (949) 383-6045	FAX NUMBER (optional) ()	E-MAIL (optional) OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH
STREET ADDRESS 803 Amigos Way	CITY Newport Beach	STATE CA	ZIP CODE 92660
OFFICE SOUGHT (POSITION TITLE) City Council	AGENCY NAME City of Newport Beach	DISTRICT NUMBER, if applicable. 4	<input checked="" type="checkbox"/> NON-PARTISAN PARTY:
OFFICE JURISDICTION			
<input type="checkbox"/> State (Complete Part 2.) <input checked="" type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Multi-County: _____ (Name of Multi-County Jurisdiction)			
		2014	(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

(Year of Election) **Primary/general election** _____
(Year of Election) **Special/runoff election**

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

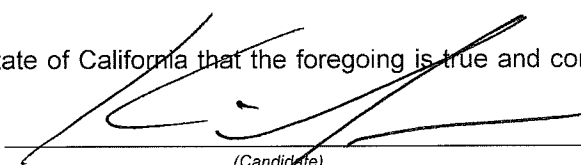
(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on May 23, 2014
(month, day, year)

Signature 
(Candidate)